

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4331</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas J Flynn</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>760 Adams St</u> City <u>Dorchester</u> State <u>MA</u> ZIP Code + 4 <u>02122</u>	4. Name, file number, and address of labor organization. Name <u>New England Regional Council of Carpenters</u> Labor Organization File Number <u>540-823</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>803 Summer St</u> City <u>Boston</u> State <u>MA</u> ZIP Code + 4 <u>02127-1616</u>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas J Flynn</u>	On <u>7/20/05</u> Date	<u>617494-7879</u> Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Carpenter Labor Mgmt FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 803 Summer St.City BostonState Massachusetts ZIP Code + 4 02127-1616

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

Contributions to the New England Carpenter Labor Mgmt Fund are determined by the CBA and a joint board of Trustees representing labor and management oversees the operations

11.b. Approximate dollar value of such dealing.

1,800,000

12.a. Nature of interest held or income received.

Lodging for Trustees Mtg on 2/12/2004 \$196.00  
Reimbursed Expenses \$188.00  
Airline Ticket to Washington 543.00

12.b. Amount.

927.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Mass State Carpenters Pension, Annuity, Health</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 7075</u></p> <p>Street <u>350 Fordham Rd</u></p> <p>City <u>Wilmington</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>01887-7075</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>									
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Contributions to the MASS Funds are determined by the CBA and a joint Board of Trustees representing Labor and Management oversees the operations</u></p> <p>11.b. Approximate dollar value of such dealing. <u>235,359,370</u></p> <p>11.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"><u>Health Care Cont</u></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: right;"><u>10/07/04</u></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: right;"><u>1350.00</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><u>Investment Retreat</u></td> <td style="border-bottom: 1px solid black;"><u>6/23/04</u></td> <td style="border-bottom: 1px solid black; text-align: right;"><u>381.04</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><u>Trustee Mtg</u></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;"><u>70.50</u></td> </tr> </table> <p>12.b. Amount. <u>1801.54</u></p>	<u>Health Care Cont</u>	<u>10/07/04</u>	<u>1350.00</u>	<u>Investment Retreat</u>	<u>6/23/04</u>	<u>381.04</u>	<u>Trustee Mtg</u>		<u>70.50</u>
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<u>Trustee Mtg</u>		<u>70.50</u>								

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Mass. State Carpenters Pension Fund**  
**2004 Paid Trustee Conference/Meeting Expense**

**Thomas Flynn**

<b><u>Conference Date</u></b>	<b><u>Conference Description</u></b>	<b><u>Total Expense</u></b>	<b><u>Date Paid</u></b>
11/14/04 - 11/18/04	Health Care Management Conference IFEBP, Monterey, CA Registration Fee & First Night	<b>1,350.00</b>	10/07/04
05/24/04 - 05/25/04	Wequassett Inn Chatham, Cape Cod Investment Retreat	<b>381.04</b>	06/23/04
12/20/04	Double Tree Guest Suites - Boston Trustee Meeting	<b><u>70.50</u></b>	
	Total Trustee Expense	<b>1,801.54</b>	

**Thomas Flynn**

Listed is the value of items received in 2004:

Lodging for Trustees meeting on 2/12/2004 - \$196.00

Reimbursed expenses 1/04-2/04 - \$188.00

Airline Ticket to Washington 2/24/04 - \$543.00

Total amount received = \$927.00